

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/936312

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.
1							51						
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48							98						
49							99						
50							100						
TOTAL							TOTAL						
IND.							IND.						
DEP.							DEP.						
TOTAL							TOTAL						
CLAIMS							CLAIMS						